

| CLAIMS ONLY | | | | | | | Application Number 10/649265 | | Filing Date |
|---|--------------------|--------|-----------------------|--------|------------------------|--------|---------------------------------|--------|-------------|
| | | | | | | | Applicant(s) | | |
| * May be used for additional claims or amendments | | | | | | | | | |
| CLAIMS | AS FILED 7-5-05 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep |
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| Total Indep | 1 | | | | | | | | |
| Total Depend | 13 | | | | | | | | |
| Total Claims | 14 | | | | | | | | |
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